

**DECLARATION FOR MEDICAL RECORDS
INVESTIGATION OF CHILD ABUSE OR NEGLECT**

I, _____, (name) a _____, (title) in
the case/matter of _____, having been duly
sworn, depose and state as follows:

1. I am familiar with the facts of the above case.
2. In my official capacity as a law enforcement official, or a representative of the Division of Child and Family Services, I am investigating allegations of child abuse or neglect and, as part of such investigation, I am requesting medical records pursuant to Utah Code §62A-4a-406(3) for the following individual:

Name: _____

SSN: ____/____/____

3. The medical records I am requesting are pertinent to my investigation of child abuse or neglect.
4. I understand that under federal law, 42 U.S.C. section 290dd-2, substance abuse treatment records cannot be released except as authorized by the patient or pursuant to a court order.
5. I understand that pursuant to 45 U.S.C. section 508(a)(2) psychotherapy notes may only be disclosed if the patient signs a specific, separate, AUTHORIZATION (available at: <http://www.privacy.utah.edu>) permitting the disclosure.

I declare under criminal penalty under the law of Utah that the foregoing is true and correct.

Signed on the ____ day of _____, 20__, at _____(City or other location and state).

Printed Name

Signature